

## PART B - FEE(S) TRANSMITTAL

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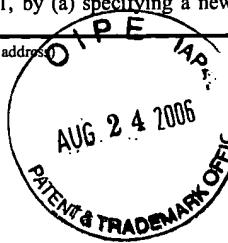
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23363            7590            05/19/2006  
**CHRISTIE, PARKER & HALE, LLP**  
PO BOX 7068  
PASADENA, CA 91109-7068

08/25/2006 SSESHE2 00000033 031728 09697775

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<b>Lindsey Lin</b>	(Depositor's name)
	
(Signature)	
<b>August 17, 2006</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/697,775	10/26/2000	Paul G. Milazzo	<b>50785/JEC/G476</b>	5306

TITLE OF INVENTION: SYSTEM AND METHOD FOR GENERATING DATA STRUCTURES FOR A HYPERLINKED TELEVISION BROADCAST

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	<b>NO</b>	<b>\$1400</b>	\$0	<b>\$1400</b>	08/21/2006		
EXAMINER	ART UNIT		CLASS-SUBCLASS				
KOENIG, ANDREW Y	2623		725-109000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<b>1</b> <u>Christie, Parker &amp; Hale, LLP</u>						
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**GoldPocket Interactive, Inc.**

**Los Angeles. California**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

a. The following fee(s) are enclosed:

- Issue Fee  
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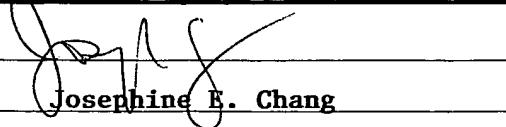
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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **03-1728** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_



Typed or printed name **Josephine E. Chang**

Date **August 17, 2006**

Registration No. **46,083**

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